



13571 County Road 282
Alvin, TX 77511

FOSTER CARE AGREEMENT

PRINT NAME

ADDRESS CITY, STATE, ZIP

HOME PHONE WORK PHONE CELL PHONE
Pet's Name _____ Species _____
Breed _____ Age _____

Description _____

Reason for fostering the animal:

If LITTER, list number of animals, their names, and descriptions:

- ____ 1. I hereby acknowledge receiving the above described animal(s).
- ____ 2. I agree to foster said animal(s) for a period not to exceed _____ days, and return the animal on ____/____/____.
- ____ 3. I understand that the animal(s) shall remain the sole property of the Brazoria County Humane Society.
- ____ 4. I agree to return said animal(s) upon request, or at the expiration of the above time period, or if I am no longer to care adequately for them.
- ____ 5. I agree to provide the animal(s) with good and loving care, including but not limited to food, water, shelter, and medication when required.
- ____ 6. I understand and acknowledge that I do not have any right or authority to keep or place foster animals in other homes or with other individuals without first having the home approved by BCHS .
- ____ 7. I agree to hold the Brazoria County Humane Society harmless from any direct or consequential damages arising out of this foster care arrangement.

SIGNATURE OF FOSTER CARE GIVER

DATE

SIGNATURE OF STAFF/VOLUNTEER BCHS

DATE